

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 SEP 28 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37292**

1. Corporation Name

TEAM AMERICA OF ORLANDO, INC.

2. Principal Office Address

7380 SAND LAKE ROAD

3. Mailing Office Address

110 E. WILSON BRIDGE ROAD

Suite, Apt. #, etc.

SUITE 522

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

WORTHINGTON, OH

Zip

32819

Country

USA

Zip

43085

Country

USA

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

01/27/1992

5. FEI Number

31-1338971

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

Suite, Apt., Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date **9/25/00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	KEVIN T. COSTELLO	5352 DUNNIKER PARK DRIVE	DUBLIN, OH 43017
S/C	WILLIAM W. JOHNSTON	303 NEW ENGLAND AVENUE	WORTHINGTON, OH 43085
T	THOMAS L. GERLACHER	5881 DUNABBEY LOOP	DUBLIN, OH 43017

LS

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Thomas L. Gerlach
THOMAS L. GERLACHER, TREASURER

09/22/00 614-848-3995

Date

Daytime Phone #